

TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-500, Austin, Texas 78701 512-305-8047 (phone) 512-305-8075 (fax) www.pharmacy.texas.gov

Pharmacy Technician Name Change

RULE §297.9 (a) Change of Name

A pharmacy technician or pharmacy technician trainee shall notify the board in writing within 10 days of a change of name by:

- 1. Completing Pharmacy Technician Name Change Form or by submitting a written statement, which includes your new name, clearly printed or typed exactly as it is to appear on the Registration and Board records;
- 2. A copy of the legal court ordered document that changed your name, e.g., marriage license or divorce decree; and
- 3. A money order for \$20.00 made payable to the Texas State Board of Pharmacy. If your registration expires within 60 days of your renewal expiration date, you may email mailing@pharmacy.texas.gov with all the information above, and the \$20 name change fee may be waived.

An amended registration and/or certificate reflecting the new name of the pharmacy technician or pharmacy technician trainee will be issued by the board.

Print or Type

Current First Name:	Current Last Name:			Registration Number:	
New First Name:		New Last Name:			
Mailing Address (Main Address and Confidential Address of Record) – Address where you receive mail from U.S. Postal Service on a Daily Basis. You must provide a mailing address (confidential) and an address which may be provided to the public. You may enter the same address in both address types.					
Main Street Address:			Apt/Ste. Number:		
		_			
City:		State:		Zip Code:	
Address of Record : The address of records may an alternative address and be provided to public inquiries. This address may be a PO Box, Business Address or Personal Mail Box.					
Address of Record/Public Street Address:				Apt/Ste. Number:	
Address of Recordy) usine street Address.				Aptyste. Number.	
City:	State:		Zip Code:		
		•			
Home Phone Number: Cell Phon		e Number: Ot		ther Contact Number:	
Email Address:					
Reason for Name Change:					
I affirm that the information provided on this form, and submitted in connection with this form, is true, correct, and complete.					
Signature: Date:					

After this form is received by the Texas State Board of Pharmacy, allow 10 to 15 business days to receive a new certificate in the mail. During that time, monitor TSBP's website to see if name change has been processed at: http://www.pharmacy.texas.gov/dbsearch/tech_search.asp